In use, the practitioner reaches into the thoracic mannequin **50** and massages or squeezes the model heart **5** in rhythmic succession which through the resultant creation of pressure differences within the inlet and outlet tubes **20, 45** each containing a check valve **15, 35** and a regulatory valve **10, 40**. Check valve **15** is set opposite to check valve **35** to allow discharge only from model heart **5** to reservoir **30**; check valve **15** is set opposite to check valve **35** to allow intake only from reservoir **25** into model heart **1**.

In use, the practitioner reaches into the thoracic mannequin **50** and massages or squeezes the model heart **5** in rhythmic succession which through the resultant creation of pressure differences within the inlet and outlet tubes **20, 45** displaces some suitably viscous and blood-like fluid from reservoir **25** and sends it through check valve **35** and into reservoir **30**. When reservoir **30** becomes filled to capacity, to can be detached from the stand **55** and poured into inlet reservoir **25**. Graduations on the reservoirs can be used to calculate the rate and amount of fluid generated by simulated OCCM. The regulatory valves **10, 40** can be used to increase or decrease fluid flow to and from the heart **5** to mimic actual cardiac trauma and excessive internal bleeding. Additionally, reservoirs **25, 30** can be raised or lowered vertically on adjustable stand **55** to deliver varied fluid pressures.

Although the description above contains many specifications, this embodiment should not be a limiting factor of the invention but a preferred functionally and economically feasible model of it. For example, a multi chambered heart with variable wall thickness could lend more realism to the model. It would allow for even greater variation in practice exercises by permitting the user to suspend blood flow to specific arterial systems as a surgeon might. Instead of using calibrations on the reservoirs and a watch to approximate blood flows, a simple commercially available flowmeter could be installed to monitor heart and vessel flow rates and pressures. The reservoirs, modeling the body's blood supply could be replaced with a closed system of compressed gas digitally controlled by a computer to give precise pressure distributions.

Thus, there are many subtle variations that can at once complicate and improve the invention but are all still within the teachings and spirit of the present invention as set forth in the following claims.

What is claimed is:

1. A cardio-vascular resuscitation training simulator for open chest cardiac massage technique comprising a thoracic mannequin wherein a molded hollow heart is housed within the thoracic mannequin and is accessible via an aperture in the mannequin's side, and wherein the molded hollow head is connected to an inlet and outlet pressure system.

2. The simulator in claim 1 in which said molded hollow head is made of such a material as to approximate the tactility and elasticity of an actual animal heart and to reflect changes in pressure as supplied by said inlet and outlet pressure system.

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